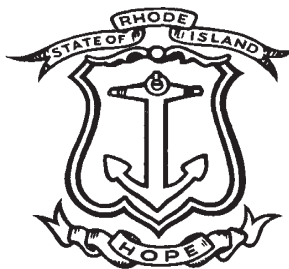


FOR OFFICE USE ONLY

Clinical Laboratory Checklist

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Endorsement | <input type="checkbox"/> Examination |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Application and Fee | |
| <input type="checkbox"/> Date: _____ Check: _____ | |
| <input type="checkbox"/> Birth Certificate/Legal Entry | |
| <input type="checkbox"/> Photo | |
| <input type="checkbox"/> Transcript | |
| <input type="checkbox"/> Score/Certification from ASCP, NCA, etc. | |
| <input type="checkbox"/> Resume | |
| <input type="checkbox"/> Verification of Registration for Cert. Exam | |
| <input type="checkbox"/> License Verification from other states | |
| <input type="checkbox"/> SSN Verification | |



Rhode Island

Board of Clinical Laboratory Science

Room 104

3 Capitol Hill

Providence, RI 02908-5097

FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

Prov./Temp Lic. #:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

***Instructions and Application For
License As A***

Clinical Laboratory Science Practitioner

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Clinical Laboratory Scientist/Technologist (Generalist) |
| <input type="checkbox"/> | Clinical Laboratory Scientist/Immunology |
| <input type="checkbox"/> | Clinical Laboratory Scientist/Chemistry |
| <input type="checkbox"/> | Clinical Laboratory Scientist/Hematology |
| <input type="checkbox"/> | Clinical Laboratory Scientist/Immunohematology |
| <input type="checkbox"/> | Clinical Laboratory Scientist/Cytogenetics |
| <input type="checkbox"/> | Clinical Laboratory Scientist/Microbiology |
| <input type="checkbox"/> | Clinical Laboratory Scientist/Electron Microscopy |
| <input type="checkbox"/> | Clinical Laboratory Scientist/Molecular Diagnostics |
| <input type="checkbox"/> | Cytotechnologist |
| <input type="checkbox"/> | Histologic Technician |
| <input type="checkbox"/> | Clinical Laboratory Technician |

By: (Check One)

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Endorsement |
| <input type="checkbox"/> | Examination |

(Check One, if Applicable)

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Provisional License |
| <input type="checkbox"/> | Temporary Permit |

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

Revised 04/18/2006 awp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Interstate Verification Form - Other State License(s).....	10

Licensure Requirements

U.S. Graduates

- Fee of **\$62.50** “Clinical Laboratory Scientist” Series or Cytotechnologist; Fee of **\$31.25** for Clinical Laboratory Technician or Histologic Technician.
- Recent passport type photograph (2” X 2” head and shoulder view).
- Birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- A chronological resume of work experience.
- A completed official transcript **sent directly** from the qualifying school to the Board of Clinical Laboratory Science (Refer to Regulations for educational Requirements - Web Link on next page).
- National Certification **sent directly** from the issuing agency (ASCP Phone 800-621-4142, NCA Phone 913-438-5110, etc.) to the Board of Clinical Laboratory Science.
- License Verification(s) from the state(s) in which applicant holds or has held a license.

Foreign Graduates

- Requirements listed under U.S. Graduates.
- Foreign graduates must have their credentials verified by a “Foreign Trained Evaluation Agency” such as the International Educational Research Foundation (IERF Phone 310-390-6276), International Credentialing Associates, Inc. (ICA Phone 727-549-8555) or International Consultants of Delaware, Inc. (ICD Phone 302-737-8715).

Endorsement Candidates

- Requirements listed under U.S. Graduates.
- Verification of licensure in the state(s) in which applicant holds or has held a license **sent directly** from the licensing board(s) to the Board of Clinical Laboratory Science. See form on page 10.

Provisional Applicants:

- Requirements listed under U.S. Graduates, except for national certification.
- Verification of registration for certification exam (i.e. ASCP Phone 800-621-4142, NCA Phone 913-438-5110, etc.). Please refer to Section 9 of the Rules and Regulations to determine eligibility.

Temporary Permit:

- Requirements listed under U.S. Graduates (photocopies accepted for Temporary License ONLY).
- Applicants seeking a temporary permit, please refer to Section 8.0 of the Rules and Regulations to determine eligibility.

Rules and Regulations:

The Rules and Regulations for the “Licensure of Clinical Laboratory Science Practitioners (R23-16.3-CLS)” can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2929.pdf

Title 23, Chapter 16.3, entitled: Clinical Laboratory Science Practice can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title23/23%2D16.3/index.htm>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Clinical Laboratory Science (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/lab_tech.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

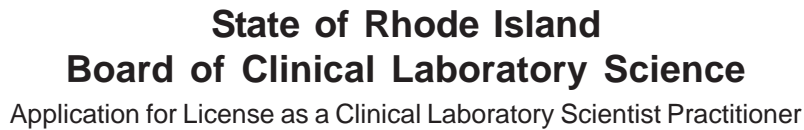
General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$62.50 or \$31.25** (based on license choice) payable to the **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
3. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself in the space provided.
5. Attach a chronological resume of work experience to the application.
6. A completed official transcript **sent directly** from the qualifying school to the Board of Clinical Laboratory Science. No student copies will be accepted.
7. National certification **sent directly** from the the issuing agency to the Board of Clinical Laboratory Science.
8. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.
9. Mail the application and documentation to:

**Rhode Island Department of Health
Board of Clinical Laboratory Science , Room 104
3 Capitol Hill
Providence, RI 02908-5097**



Rhode Island Board of Clinical Laboratory Science - Page 5

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address
8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	<div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> Type of School (University, College, Technical School, etc.) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> Name of School Date Graduated: <div style="display: inline-block; border: 1px solid black; width: 30px; height: 15px; text-align: center; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 15px; text-align: center; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 15px; text-align: center; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 15px; text-align: center;"></div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 30px; height: 15px; 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11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

☐ Yes ☐ No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state?

☐ Yes ☐ No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Clinical Laboratory Science Practitioner in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Clinical Laboratory Science of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the Rhode Island Board application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***), and understand that submitted documents will not be returned.
- ☐ I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: "**Rhode Island General Treasurer**" in the amount of **\$62.50 or \$31.25** (based on license choice) and attached it to the upper left-hand corner of the first (Top) page of the application.
- ☐ I have arranged my Board Application materials in the following order.
 - 1. Fee (attached as instructed).
 - 2. Board Application (including cover page) and pages 5-8.
 - 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- ☐ I have mailed the above application materials directly to the Rhode Island Board of Clinical Laboratory Science.

Required Forms

- ☐ I have completed and mailed the following forms as instructed.
 - 1. Interstate Verification Form(s) - Other State License(s).

Other Documents

- ☐ I have requested a school transcript and my score or certification as instructed.



Rhode Island Board of Clinical Laboratory Science

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S)

I am applying for a license to practice as a Clinical Laboratory Science Practitioner in the State of Rhode Island. The Rhode Island Board of Clinical Laboratory Science requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

THIS SECTION TO BE COMPLETED BY THE CLINICAL LABORATORY SCIENCE BOARD

Clinical Laboratory Science Program Completed:

Location:

Graduation Date:

Licensed by Examination?

☐ Yes ☐ No

Applicant has completed and passed the National Certification Exam:

☐ Yes ☐ No

License Status:

☐ Active ☐ Inactive ☐ Lapsed

Original Date Issued:

Expiration Date:

Questions:

1. Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature

Date

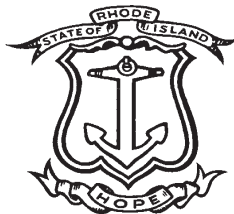
Type or Print Name

Title

Full Name of Licensing Board

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health

3 Capitol Hill, Providence RI , 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. . These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- ☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- ☐ I am currently pursuing administrative review of taxes owed to the state.
- ☐ I am in federal bankruptcy. (Case # _____)
- ☐ I am in state receivership. (Case # _____)
- ☐ I have been discharged from bankruptcy. (Case # _____)

Type of Professional License for which you are applying.

Full Name (Please Print or Type)

Social Security Number

Signature

Phone Number (including area code if not 401)

Date

This form must be completed, signed and attached to your license application for processing.